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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.		
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LOS ANGELES, CA 90067			Tom Wyatt		<del> </del>	(Depositor's name)
			<u>u</u>	Jan Wast		. (Signature)
			M	lay 7, 2007		(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/538,263	06/08/2005		Hiroyuki Hidaka	<u> </u>	81887,0125	2260
•	v: Wireless Commu	NICATION TERMINAL	. AND HANDOFF JUDGN	MENT METHOD		· · · · · · · · · · · · · · · · · · ·
APPLN. TYPĒ	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO _	\$1400	\$300	\$0	\$1700	05/08/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
HOLLIDAY, JAIME MICHELE		2617	455-425000			
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"Fee Address" indication (or "Fee Address" Indication form 'PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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PLEASE NOTE: Un	less an assignee is ident	ified below, no assignce oletion of this form is NO	data will appear on the part a substitute for filing an	atent. If an assigne assignment.	e is identified below, the d	ocument has been filed for
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been a recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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Please check the appropr	riate assignee category or	categories (will not be p	rinted on the patent): $\Box$	Individual 🛛 Co	rporation or other private gro	oup entity Government
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	No small entity discount t	permitted)	<ul> <li>□ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1314 (enclose an extra copy of this form).</li> </ul>			
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☐ a Applicant claim	itus (from status indicate is SMALL ENTITY state	as, See 37 CFR 1.27.	b. Applicant is no long	ger claiming SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).
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